

Basic Facts Heroin

In the mid-Nineties, it seemed heroin was suddenly staging a comeback. The reality, however, was that heroin had never left. While overall drug use in the U.S. dropped sharply through the Eighties, heroin use remained relatively steady. During the Nineties, it started to rise, as the addict population grew and changed. Heroin on the street became purer; the price stayed the same; and more young and middle-class Americans began using the drug.

What is Heroin?

Known on the street as smack, horse, H, junk, or scag, **heroin is the most commonly abused of narcotics**. Narcotic drugs (also called opioids) are derivatives of the opium poppy (*Papaver somniferum*) or chemically similar synthetics.

Heroin is a morphine derivative, and morphine is opium's most potent active ingredient. First synthesized in 1874, heroin was widely used in medicine in the early part of the 20th Century, until its addictive potential was recognized.

Pure heroin is a white powder with a bitter taste. Street heroin may vary in color from white to dark brown because of impurities or additives. There is a dark brown or black form of the drug, as dense as roofing tar or coal, known as "black tar." Produced in Mexico, it is widely available in the western United States.

Street heroin is rarely pure. A "bag," or single dose, may contain 50 milligrams of powder. In the past, very few of those milligrams were likely to be heroin—most of the bag was filled with such additives as milk sugar, powdered milk, or quinine. In 1980, the average bag was only 4 percent pure heroin. By the mid-Nineties, however, purity was generally 40 percent or higher. In the Northeast, it averaged between 60 and 75 percent.

Are Narcotics Used Medicinally?

Acting mostly on the central nervous and digestive systems, narcotics relieve pain, control diarrhea, and suppress coughing. Although heroin cannot be prescribed in the U.S., the medical use of other narcotics is widespread.

Opium, the sticky sap of the poppy seed pod, is now rarely used medicinally, save for severe diarrhea, and is seldom abused in this country (although smoking opium is common elsewhere in the world).

Morphine, widely used to relieve severe pain, is sometimes abused, often by medical professionals.

Codeine, like morphine, is a natural ingredient of opium, although less potent. It is found in prescription cough medicines and pain relievers and is favored by some abusers.

Other opium derivatives prescribed for moderate to severe pain and sometimes abused include: hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (Percodan, Percocet), and hydrocodone (Vicodin, Lortab, Lorcet).

Methadone, a synthetic used mainly in the treatment of heroin addiction, is often abused and responsible for a number of overdose deaths.

Fentanyl is a powerful synthetic used for severe pain and as a surgical anesthetic. Abuse is very dangerous.

How do you Narcotics Affect You?

Autonomic effects • Narcotics affect many organs through the autonomic nervous system, which controls such body functions as circulation, respiration, and digestion. They cause blood vessels to relax and heartbeat to slow, lowering blood pressure. They slow and weaken contraction of muscles that control breathing and constrict intestinal muscles, slowing digestion.

Sedation • Narcotics may produce drowsiness, grogginess, and mental confusion. Characteristic of heroin use is the half-conscious state called "nodding."

Euphoria • As do most drugs of abuse, narcotics induce euphoria. The sense of contentment and physical relaxation that characterize the heroin "high" generally last three to four hours. When heroin is injected or smoked, however, the high is preceded by a short period of intense pleasure known as a "rush."

Tolerance • Regular use causes the body to resist narcotic effects, requiring higher and more frequent doses to achieve the same results.

Dependency • Over time, regular users easily become "hooked"—physically and psychologically dependent, craving the pleasure the drug brings and unable to interrupt use without suffering symptoms of withdrawal (including chills, muscle cramps, severe shaking, nausea, vomiting, and diarrhea).

How is Heroin Taken?

When prescribed, narcotics are most often taken by mouth. **Heroin, however, is generally inhaled or injected, although it may also be smoked.**

The availability of high-purity heroin in recent years, the spread of HIV infection among intravenous (IV) users, and the negative stereotype of the IV addict prompt many new users to limit themselves to inhaling the drug. They will "snort" or "sniff" powder into their nostrils (some dissolve it in nose drops).

Heroin can be mixed with tobacco or marijuana and smoked in a pipe or cigarette. It may also be heated and burned, releasing fumes that users inhale ("chasing the dragon").

Injection, in addition to producing a "rush," is an economical route of administration. By injecting the drug, rather than smoking or inhaling it, the same effects are achieved with less heroin. Users who choose this route generally inject directly into a major vein ("mainlining"), although some may start by injecting under the skin ("popping").

Heroin abusers often use other drugs as well. They may "speedball," taking cocaine or methamphetamine with heroin, or use alcohol, marijuana, or tranquilizers to enhance the high and blunt effects of withdrawal.

Paying the Price of Heroin Use

The negative consequences of heroin use range from mild distress to life-threatening dangers and include:

- Dry, itchy skin and skin infections
- Constricted pupils and reduced night vision
- Nausea and vomiting (following early use or high doses)
- Constipation and loss of appetite
- Menstrual irregularity
- Reduced sex drive
- Scarring ("tracks") along veins and collapsed veins from repeated injections
- Irregular blood pressure
- Slow and irregular heartbeat (arrhythmia)
- Fatigue, breathlessness, and labored, noisy breathing due to excessive fluid in the lungs ("the rattles")
- Injuries that result from engaging in any activity (such as working, driving, or operating machinery) when incapacitated by heroin use
- Dependence, addiction
- Hepatitis, AIDS, and other infections from unsanitary injection
- Stroke or heart attack caused by blood clots resulting from insoluble additives
- Respiratory paralysis, heart arrest, coma, and death from accidental overdose

What is Heroin's Behavioral Impact?

The behavioral impact of habitual heroin use is generally devastating. Most habitual users are incapable of concentration, learning, or clear thought. Rarely are they able to hold a job. They are apathetic, indifferent to consequences, and unable to sustain personal relationships. For many, the inability to honestly earn enough to meet their drug needs leads to crime. For the overwhelming majority, compulsive use prompts behavior that is self-destructive and irresponsible, often antisocial, and characteristically indifferent to the injury, pain, or loss it causes others.

Can Heroin Addicts Recover?

Yes, they can. **Treatment takes various forms**, and detoxification may be needed, by some, to manage the effects of withdrawal. The main thrust of treatment, however, addresses underlying causes of drug abuse and helps recovering abusers become more self-aware, self-reliant, responsible, and able to manage stress without the "crutch" of drugs.